

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/019434

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7		2				
8	1					
9		1				
10		2				
11		2				
12		2				
13		2				
14		1				
15		1				
16		1				
17	1					
18		1				
19	1					
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21		2				
22		2				
23	1					
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49						
50						
TOTAL IND.	5					
TOTAL DEP.		1		1		1
TOTAL CLAIMS	3					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS